



OFFICERS

OTHER

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [☒] No [☐]

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed		330	52	9,738	9,738	382
0199999. Total Pharmaceutical Rebate Receivables	0	330	52	9,738	9,738	382
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	543,249	81,170	26,110	276,988	276,988	650,529
0299999. Total Claim Overpayment Receivables	543,249	81,170	26,110	276,988	276,988	650,529
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed				13,450	13,450	
0699999. Total Other Receivables	0	0	0	13,450	13,450	0
0799999 Gross health care receivables	543,249	81,500	26,162	300,176	300,176	650,911

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

21

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	981,323	1.8	7,464	100.0	0	981,323
4. Total capitation payments	981,323	1.8	7,464	100.0	0	981,323
Other Payments:						
5. Fee-for-service	7,546,310	13.9	XXX	XXX		7,546,310
6. Contractual fee payments	45,760,838	84.3	XXX	XXX		45,760,838
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	53,307,148	98.2	XXX	XXX	0	53,307,148
13. TOTAL (Line 4 plus Line 12)	54,288,471	100%	XXX	XXX	0	54,288,471

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	97,982	0	81,855	16,127	16,127	0
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	97,982	0	81,855	16,127	16,127	0



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Community Care, Inc. 2. Fort Smith, Texarkana, Fayetteville and Little Rock

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3681		Arkansas		2008							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12282	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		4,445							4,445			
2. First Quarter		5,938							5,938			
3. Second Quarter		6,073							6,073			
4. Third Quarter		5,973							5,973			
5. Current Year		5,917							5,917			
6. Current Year Member Months		70,888							70,888			
Total Member Ambulatory Encounters for Year:												
7. Physician		70,852							70,852			
8. Non-Physician		60,270							60,270			
9. Total		131,122	0	0	0	0	0	0	131,122	0	0	
10. Hospital Patient Days Incurred		13,155							13,155			
11. Number of Inpatient Admissions		1,189							1,189			
12. Health Premiums Written (b)		53,626,334							53,626,334			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned.....		53,626,334							53,626,334			
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services.....		43,037,336							43,037,336			
18. Amount Incurred for Provision of Health Care Services		43,428,401							43,428,401			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53,626,334



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Community Care, Inc. 2. Fort Smith and Texarkana

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3681		Oklahoma		2008							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12282	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		870							870			
2. First Quarter		777							777			
3. Second Quarter		837							837			
4. Third Quarter		850							850			
5. Current Year		827							827			
6. Current Year Member Months		9,934							9,934			
Total Member Ambulatory Encounters for Year:												
7. Physician		8,710							8,710			
8. Non-Physician		9,942							9,942			
9. Total		18,652	0	0	0	0	0	0	18,652	0	0	
10. Hospital Patient Days Incurred		1,921							1,921			
11. Number of Inpatient Admissions		143							143			
12. Health Premiums Written (b)		7,532,473	0	0	0	0	0	0	7,532,473	0	0	
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		7,532,473	0	0	0	0	0	0	7,532,473	0	0	
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		5,825,526							5,825,526			
18. Amount Incurred for Provision of Health Care Services		5,878,460							5,878,460			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,532,473

29.0K



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Arkansas Community Care, Inc. 2. Texarkana

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3681		Texas		2008							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	12282	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		510							510			
2. First Quarter		672							672			
3. Second Quarter		671							671			
4. Third Quarter		724							724			
5. Current Year		720							720			
6. Current Year Member Months		8,711							8,711			
Total Member Ambulatory Encounters for Year:												
7. Physician		6,770							6,770			
8. Non-Physician		6,043							6,043			
9. Total		12,813	0	0	0	0	0	0	12,813	0	0	
10. Hospital Patient Days Incurred		1,661							1,661			
11. Number of Inpatient Admissions		108							108			
12. Health Premiums Written (b)		6,945,562							6,945,562			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned		6,945,562							6,945,562			
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services		5,425,611							5,425,611			
18. Amount Incurred for Provision of Health Care Services		5,474,912							5,474,912			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,945,562



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR							2008		NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	5,825	0	0	0	0	0	0	5,825	0	0				
2. First Quarter	7,387	0	0	0	0	0	0	7,387	0	0				
3. Second Quarter	7,581	0	0	0	0	0	0	7,581	0	0				
4. Third Quarter	7,547	0	0	0	0	0	0	7,547	0	0				
5. Current Year	7,464	0	0	0	0	0	0	7,464	0	0				
6. Current Year Member Months	89,533	0	0	0	0	0	0	89,533	0	0				
Total Member Ambulatory Encounters for Year:														
7. Physician	86,332	0	0	0	0	0	0	86,332	0	0				
8. Non-Physician	76,255	0	0	0	0	0	0	76,255	0	0				
9. Total	162,587	0	0	0	0	0	0	162,587	0	0				
10. Hospital Patient Days Incurred	16,737	0	0	0	0	0	0	16,737	0	0				
11. Number of Inpatient Admissions	1,440	0	0	0	0	0	0	1,440	0	0				
12. Health Premiums Written (b)	68,104,369	0	0	0	0	0	0	68,104,369	0	0				
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	68,104,369	0	0	0	0	0	0	68,104,369	0	0				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	54,288,473	0	0	0	0	0	0	54,288,473	0	0				
18. Amount Incurred for Provision of Health Care Services	54,781,773	0	0	0	0	0	0	54,781,773	0	0				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$68,104,369

SCHEDULE S - PART 1 - SECTION 2

[illegible]

SCHEDULE S - Part 2

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums	0	0	0		
2. Title XVIII - Medicare	358	398	81		
3. Title XIX - Medicaid	0	0	0		
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	54,510				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0		
8. Reinsurance recoverable on paid losses	164	104	0		
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0		
13. Letters of credit (L)	0	0	0		
14. Trust agreements (T)	0	0	0		
15. Other (O)	0	0	0		

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	18,141,996		18,141,996
2. Accident and health premiums due and unpaid (Line 13)	2,092,048		2,092,048
3. Amounts recoverable from reinsurers (Line 14.1)	163,751		163,751
4. Net credit for ceded reinsurance	xxx	0	0
5. All other admitted assets (Balance)	1,833,614		1,833,614
6. Total assets (Line 26)	22,231,409	0	22,231,409
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	9,152,792		9,152,792
8. Accrued medical incentive pool and bonus payments (Line 2)	42,555		42,555
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	2,558,139		2,558,139
13. Total liabilities (Line 22)	11,753,486	0	11,753,486
14. Total capital and surplus (Line 31)	10,477,922	xxx	10,477,922
15. Total liabilities, capital and surplus (Line 32)	22,231,408	0	22,231,408
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]











ANNUAL STATEMENT FOR THE YEAR 2008 OF THE ARKANSAS COMMUNITY CARE, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING	
16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
Explanations:	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

Bar Codes:	
9. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 2 2 8 2 2 0 0 8 3 6 0 0 0 0 0 0
10. Life Supplement [Document Identifier 205]	 1 2 2 8 2 2 0 0 8 2 0 5 0 0 0 0 0
11. Property/Casualty Supplement [Document Identifier 207]	 1 2 2 8 2 2 0 0 8 2 0 7 0 0 0 0 0
12. SIS Stockholder Information Supplement [Document Identifier 420]	 1 2 2 8 2 2 0 0 8 4 2 0 0 0 0 0 0
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 2 2 8 2 2 0 0 8 3 7 1 0 0 0 0 0
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 2 2 8 2 2 0 0 8 3 7 0 0 0 0 0 0
15. Medicare Part D Coverage Supplement [Document Identifier 365]	 1 2 2 8 2 2 0 0 8 3 6 5 0 0 0 0 0
16. Long-Term Care Experience Reporting Forms [Document Identifier 330]	 1 2 2 8 2 2 0 0 8 3 3 0 0 0 0 0 0
17. Life Supplement [Document Identifier 211]	 1 2 2 8 2 2 0 0 8 2 1 1 0 0 0 0 0
18. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	 1 2 2 8 2 2 0 0 8 2 1 3 0 0 0 0 0

P&C Supplement - Schedule P - Part 1T - Warranty
N O N E

P&C Supplement - Schedule P - Part 2T - Warranty
N O N E

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